



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ADVANCED MEDICAL ASSOCIATES
PO BOX 1895
DEER PARK TX 77536

Respondent Name

AMERICAN HOME ASSURANCE CO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-04-1975-01

MFDR Date Received

October 10, 2003

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We performed and billed whole person the carrier changed our HCFA and only paid us at 30% (-26) when we billed whole person."

Amount in Dispute: \$1,790.65

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary dated October 27, 2003: "I am filing the TWCC-60 Form on behalf of the above-referenced insurance carrier in response to the Requestor's dispute for fee reimbursement for date of service of December 19, 2002. As a result, there was recommendation of reimbursement in the amount of \$897.25 towards the amount in dispute for \$1,790.65."

Response Submitted by: Hoffman Kelley, L.L.P

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 19, 2002	95861, 95869, 95900, 95925, 95937, 99358, 95904, 95935, 93740, 95831, 95851, A4558, A4215, A4556, A4246, A4244, A4454	\$1,790.65	\$360.80

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Former 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.1 sets forth general provisions related to use of the fee guidelines.
3. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
4. Former 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
5. 28 Texas Administrative Code §134.201 sets out the fee guidelines for professional medical services.

6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- Provider requests reprocessing with correct modifier (WP). Provider's bill indicates place of svc "Leslie L. Makenzie Graham, DC". Prior to receipt of Dr. Slaughter's bill, charges for facility fee for 12/19/02 NCS, received from and paid to TX Work Comp Clinic, Leslie Graham, D.C. as technical component carried out elsewhere, and reimbursed to that provider, the above charges are compensable as professional component only. TO Dr. Slaughter. Records document: 99244 consult. BLE & THOR PS EMG. Bill per, TIB Motor = 4U. Bil. Per, sural sens = 4 bill Per, TIB "F" = 2 U (pd per comp study); Bill "H" – 1. %U (bil rule) ble. SSEP=IU (pd per reg, incl bil) Ble. NMJ = IU NCS Incl site temps, supplies. Correct reimbursement was made; no addtl pmnt is due.
- 225 – The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 217 – The value of this procedure is included in the value of another procedure performed on this date.
- 204 – A separate service/supply and other related service were billed on the same day.
- MCA repeat re-eval request reprocessing w/correct modifier added (WP)
- However, bill indicates place of svc, L Graham, DC, Dr. Graham has prev billed for tech component prof component payable to Dr. Slaughter, only.
- Not according to treatment guidelines
- N – Not documented
- F – Reduced according to fee guideline
- 350 – Based on the submitted documentation from the provider, we recommended an additional allowance be made.
- 420 – A supplemental payment
- 424 – Overpayment recoupment
- P – Overpayment recoupment
- S – Supplemental payment
- Above charges originally, as billed by Dr. Graham, were reimbursed 1 unit of the professional component. Additional payment allowed for testing as provider is billing for both the technical and professional component.
- 95925 is compensable 1 unit for bilateral lower extremity SSEP testing. Per AMA/CPT, this is compensable x 1 unit per region (such as lower extremities) & includes bilateral. This was originally paid as professional component; now increased to whole procedure.
- 95937 originally paid professional component; now increase to whole procedure
- Above charges (CPT codes 97340, 95831 x2 and 95851 x 2) correctly disallowed with initial review: 93740 temperature documentation at test sites is included in nerve conduction studies. (Per HCFA, this code is no longer compensable for any diagnosis.) 95851 & 95831 are separate procedures; not reportable with consultation on same DOS. Neurodiagnostic studies include all supplies necessary to accomplish testing; only those materials over and above those usually required for the associated tests are separately compensable.
- Above charges (HCPC codes A4558, A4215, A4556, A4256, A4244, 99981 and 99980) correctly disallowed with initial review: 93740 temperature documentation at test sites is included in nerve conduction studies. (Per HCFA, this code is no longer compensable for any diagnosis,) 95851 & 95831 are separate procedures; not reportable with consultation on same DOS. Neurodiagnostic studies include all supplies necessary to accomplish testing; only those materials over and above those usually required for the associated tests are separately compensable.

Issues

1. Did the insurance carrier issue a supplemental payment to the requestor for the disputed charges?
2. Did the requestor submit sufficient documentation to support reimbursement of the disputed CPT codes?
3. Did the requestor submit sufficient documentation to support fair and reasonable reimbursement?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The following table outlines the insurance carrier’s supplemental payments and the remaining disputed balance. The requestor’s total disputed charge is \$1,790.65. The insurance carrier issued supplemental payments in the amount of \$742.00 towards the disputed charges. Therefore, the remaining disputed amount is \$1,048.65. This amount will be considered in the audit.

Date of Service	Disputed Services	Amount in Dispute	Insurance Carrier Payment	Remaining balance
December 19, 2002	99358	\$84.00	\$0.00	\$84.00
	95861	\$140.00	\$140.00	\$0.00
	95869	\$51.80	\$51.80	\$0.00
	95900	\$44.80	\$0.00	\$44.80
	95900	\$44.80	\$44.80	\$0.00
	95900	\$44.80	\$44.80	\$0.00
	95900	\$44.80	\$44.80	\$0.00
	95904	\$44.80	\$0.00	\$44.80
	95904	\$44.80	\$44.80	\$0.00
	95904	\$44.80	\$44.80	\$0.00
	95904	\$44.80	\$44.80	\$0.00
	95935	\$37.10	\$37.10	\$0.00
	95935	\$37.10	\$37.10	\$0.00
	95935	\$37.10	\$37.10	\$0.00
	95935	\$45.05	\$0.00	\$45.05
	95935	\$53.00	\$0.00	\$53.00
	95935	\$53.00	\$0.00	\$53.00
	95925	\$122.50	\$122.50	\$0.00
	95925	\$175.00	\$0.00	\$175.00
	95937	\$47.60	\$47.60	\$0.00
	93740	\$84.00	\$0.00	\$84.00
	95831	\$29.00	\$0.00	\$29.00
	95831	\$29.00	\$0.00	\$29.00
	95851	\$36.00	\$0.00	\$36.00
	95851	\$36.00	\$0.00	\$36.00
	A4558	\$50.00	\$0.00	\$50.00
	A4215	\$100.00	\$0.00	\$100.00
	A4556	\$150.00	\$0.00	\$150.00
A4246	\$20.00	\$0.00	\$20.00	
A4244	\$5.00	\$0.00	\$5.00	
A4454	\$10.00	\$0.00	\$10.00	
TOTALS		\$1,790.65	\$742.00	\$1,048.65

Review of the submitted documentation finds the following:

- CPT code 99358. The insurance carrier did not issue payment upon initial and reconsideration, therefore the requestor is disputing the non-payment CPT code 99358 in the amount of \$84.00.
- CPT code 95900. The insurance carrier issued a payment in the amount of \$19.20. The requestor billed the MAR amount of \$64.00. The requestor is therefore requesting an additional payment in the amount of \$44.80.
- CPT code 95904. The insurance carrier issued a payment in the amount of \$19.20. The requestor billed the MAR amount of \$64.00. The requestor is therefore requesting an additional payment in the amount of \$44.80.
- CPT code 95935 x 6 units. The insurance carrier issued payment for three of the 6 units in the amount of \$53.00/unit and issued a payment in the amount of \$7.95 a fourth unit and \$0.00 for the two remaining units. The requestor is therefore seeking a partial reimbursement in the amount of \$45.05 for one unit and \$53.00 for two additional units, for a total sought amount of \$151.05.

- CPT code 95925 x 2 units. The requestor billed \$175.00/unit of CPT code 95925. The insurance carrier submitted sufficient documentation to support that full payment in the amount of \$175.00 was issued for the second unit of CPT code 95925 in the amount of \$175.00. The insurance carrier issued a partial payment for one unit in the amount of \$52.50 the requestor is therefore seeking an additional payment of \$122.20.
 - CPT code 93740 the insurance has not issued a payment for CPT code 93740; therefore the requestor seeks payment in the amount of \$84.00.
 - CPT code 95831x 2 units the insurance carrier has not issued a payment, therefore the requestor seeks payment in the amount of \$29.00 x 2 units.
 - CPT code 95851 x 2 units the insurance carrier has not issued payment, therefore the requestor seeks payment in the amount of \$36.00 x 2 units.
2. Review of the submitted documentation finds the following:
- The MAR reimbursement for CPT code 99358 is \$84.00. The definition for CPT code 99358 is “Prolonged evaluation and management service before and/or after direct (face-to-face) patient care (eg, review of extensive records and tests, communication with other professionals and/or the patient/family); first hour.” The requestor did not submit sufficient documentation to support the billing of CPT code 99358, as a result, reimbursement is not recommended.
 - The MAR reimbursement for CPT code 95900 is \$64.00. The definition for CPT code 95900 is “Nerve conduction, velocity and/or latency study; motor, each nerve.” Per the Medicine Ground Rules (IV) (D) “NCV reimbursement includes the technical and professional components of the study. If the professional or technical components are billed separately, the appropriate modifier (either modifier ‘-26’ or ‘-27’) shall be included. If billed separately the professional component shall not be reimbursed at a cost greater than 30% of the listed value, and the technical component shall not be reimbursed at a cost greater than 70% of the listed value.” The insurance carrier issued a payment in the amount of \$19.20. The requestor billed the MAR amount of \$64.00. The requestor is therefore requesting an additional payment in the amount of \$44.80. The requestor submitted sufficient documentation to support the billing of the disputed charge. As a result, the requestor is entitled to additional reimbursement in the amount of \$44.80.
 - The MAR reimbursement for CPT code 95904 is “sensory, each nerve.” The insurance carrier issued a partial payment in the amount of \$19.20. The requestor billed the MAR amount of \$64.00. The requestor is therefore requesting an additional payment in the amount of \$44.80. The requestor submitted sufficient documentation to support the billing of CPT code 95904. As a result, additional reimbursement in the amount of \$44.80 is recommended.
 - The MAR reimbursement for CPT code 95935 is \$53.00. The requestor billed 6 units of CPT code 95935. The insurance carrier submitted sufficient documentation to support that a payment was issued for three of the 6 units. The insurance carrier issued payment in the amount of \$7.95 for the fourth unit and denied reimbursement for units 5 and 6. The requestor is therefore seeking a partial reimbursement in the amount of \$45.05 for one unit and \$53.00 for two additional units, for a total sought amount of \$151.05. The definition for CPT code 95935 is “H or F reflex study, by electrodiagnostic testing.” The Medicine Ground Rule (IV) (B) (2) states “Code 95935 (‘H’ or ‘F’) reflex study by electrodiagnostic testing): Reimbursement shall be as follows: a. Reimbursement shall be per study, not per nerve. B. For ‘F’ studies, separate reimbursement per extremity shall be allowed only if the compensable injury affected both extremities. If the contralateral extremity was tested to compare the affected and unaffected side, the comparison study would be considered part of the overall study. c. No reimbursement shall be allowed for ‘H’ studies that are billed for upper extremities. d. ‘H’ studies on lower extremities may be billed bilaterally when performed. e. A maximum of six CPT codes can be reimbursed for ‘H’ and ‘F’ studies performed per patient on the same date of service.” Review of the submitted documentation does not support the billing of for the three additional units of CPT code 95935 per the Medicine Ground Rule (IV)(B)(2), as a result, the requestor is not entitled to additional reimbursement for the three units of CPT code 95935.
 - The MAR reimbursement for CPT code 95925 is \$175.00. The requestor billed \$175.00/unit of CPT code 95925. The insurance carrier submitted sufficient documentation to support that full payment in the amount of \$175.00 was issued for one unit of CPT code 95925. The insurance carrier issued a partial payment for one unit in the amount of \$52.50. The requestor is therefore seeking an additional payment of \$122.50. The definition for CPT code 95925 is “Somatosensory testing (eg, cerebral evoked potentials), one or more nerves.” The requestor submitted documentation to support the billing of two nerves, as a result, the requestor is entitled to an additional reimbursement in the amount of \$122.50.

- The MAR reimbursement for CPT code 93740 is \$84.00. The insurance has not issued a payment for CPT code 93740. The requestor therefore seeks payment in the amount of \$84.00. The CPT code description is "Temperature gradient studies." The requestor submitted documentation to support the billing of CPT code 93704. As a result, reimbursement is recommended in the amount of \$84.00.
 - The MAR reimbursement for CPT code 95831 is \$29.00. The insurance carrier has not issued a payment for CPT code 95851 x 2 units. The requestor therefore seeks payment in the amount of \$29.00 x 2 units. Per Medicine Ground Rule (E)(4) "When performing manual muscle testing (95851-95854) and/or range of motion testing (95851-95852) except as part of an office visit, reimbursement includes testing with comparison to normal side." As a result, the requestor is entitled to reimbursement for one unit of CPT code 95831 in the amount of \$29.00.
 - The MAR reimbursement for CPT code 95851 is \$36.00. The insurance carrier has not issued payment for CPT code 95851 x 2 units. The requestor therefore seeks payment in the amount of \$36.00 x 2 units. Per Medicine Ground Rule (E)(4) "When performing manual muscle testing (95851-95854) and/or range of motion testing (95851-95852) except as part of an office visit, reimbursement includes testing with comparison to normal side. As a result, the requestor is entitled to reimbursement for one unit of CPT code 95851 in the amount of \$36.00.
3. This dispute relates to services with reimbursement subject to the provisions of former 28 Texas Administrative Code §134.1(c), effective May 16, 2002, 27 *Texas Register* 4047, which requires that "Reimbursement for services not identified in an established fee guideline shall be reimbursed at fair and reasonable rates as described in the Texas Workers' Compensation Act, §413.011 until such period that specific fee guidelines are established by the commission."

The requestor seeks reimbursement for HCPC Level II codes; A4558, A4215, A4556, A4246, A4244 and A4454. The disputed services are not identified in an established fee guideline and are therefore, subject to fair and reasonable reimbursement.

Texas Labor Code §413.011(d) requires that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. It further requires that the Division consider the increased security of payment afforded by the Act in establishing the fee guidelines.

Former 28 Texas Administrative Code §133.307(g)(3)(D), effective January 2, 2002, 26 *Texas Register* 10934, applicable to disputes filed on or after January 1, 2002, requires the requestor to provide "documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement." Review of the submitted documentation finds that:

- The requestor has not articulated a methodology under which fair and reasonable reimbursement should be calculated.
- The requestor did not provide documentation to demonstrate how it determined its usual and customary charges for the disputed services.
- Documentation of the amount of reimbursement received for these same or similar services was not presented for review.
- The requestor asks for reimbursement of the total billed charges. The requestor did not submit documentation to support that payment of the amount sought is a fair and reasonable rate of reimbursement for the services in this dispute.
- The requestor did not support that payment of the requested amount would satisfy the requirements of 28 Texas Administrative Code §134.1.

The request for additional reimbursement is not supported. Thorough review of the submitted documentation finds that the requestor has not demonstrated or justified that payment of the amount sought would be a fair and reasonable rate of reimbursement for the services in dispute.

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution. After thorough review and consideration of the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. The requestor has failed to establish that reimbursement is due for HCPC Level II codes; A4558, A4215, A4556, A4246, A4244 and A4454. As a result, the amount ordered is \$0.00.

4. Review of the submitted documentation supports that the requestor is entitled to an additional reimbursement in the amount of \$360.80.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$360.80.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$360.80 plus applicable accrued interest per 28 Texas Administrative Code §134.803, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	March 28, 2014 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.